PRINTED: 02/10/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			` '	TPLE CONSTRU NG <b>01, 02, 03, 0</b>		(X3) DATE SURVEY COMPLETED			
		150173	B. WING _			1	⋜ 03/2015		
NAME OF PROVIDER OR SUPPLIER  INDIANA UNIVERSITY HEALTH ARNETT HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 5165 MCCARTY LN LAFAYETTE, IN 47905			•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E ROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE		
{K 000}	INITIAL COMMENTS		{K 0	00}					
	Code Validation Surv 15, 16/14 was conduct Department of Health 482.41(b).  Survey Date: 02/03/1  Facility Number: 011  Provider Number: 15  AIM Number: 200924  Surveyor: Dennis Au Specialist,  Indiana University He comprised of the mai (Building 01), the amit Lafayette, IN (Building Lafayette, IN (Building In Lafaye	506 50173 4720A still, Life Safety Code salth Arnett Hospital is n hospital in Lafayette, IN bulatory surgery center in g 02), the Sleep Center in g 03) and the Cancer Center							
	Medicare/Medicaid, 4 Life Safety from Fire National Fire Protecti Life Safety Code (LSI Ambulatory Health Co 03 was found in comp	uirements for Participation in 2 CFR Subpart 482.41(b), and the 2000 Edition of the on Association (NFPA) 101,							
LABORATORY	I DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	<u> </u> E		TITLE		(X6) DATE		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L IDENTIFICATION NITIMBED:			ONSTRUCTION 02, 03, 04	(X3) DATE SURVEY COMPLETED	
		150173	B. WING	B. WING			R <b>03/2015</b>
NAME OF PROVIDER OR SUPPLIER  INDIANA UNIVERSITY HEALTH ARNETT HOSPITAL				516	EET ADDRESS, CITY, STATE, ZIP CODE  5 MCCARTY LN  FAYETTE, IN 47905	1 02/	03/2015
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	Subpart 482.41(b), Li 2000 Edition of the N. Association (NFPA) 1 Chapter 38, New Bus Building 04 was found Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire National Fire Protecti Life Safety Code (LSC Business Occupancial Building 01 is a sever building of Type I (33) fire alarm system with corridors, patient roor corridors. Building 01 has a cap census of 162 at the following to multiple egress equipped with floors 3 and 4.  Building 02 is a one sof Type II (000) const system with smoke do spaces open to the coprovides ambulatory sovernight stays.  Building 03 is located story fully sprinklered construction and has	fe Safety from Fire and the ational Fire Protection 01, Life Safety Code (LSC) iness Occupancies; and d in compliance with ticipation in 2 CFR Subpart 482.41(b), and the 2000 Edition of the on Association (NFPA) 101, C) Chapter 38, New es; a story fully sprinklered 2) construction and has a smoke detection in the ms and spaces open to the provides overnight care. Eacity of 191 beds and had a sime of this survey.  alth Arnett Hospital elected cal Life Safety Code waiver doors in the same means of delayed egress devices on tory fully sprinklered building ruction and has a fire alarm election in the corridors and orridors. Building 02 surgical services with no on the first floor of a two building of Type II (111) a fire alarm system with e corridor. Building 03	{K 0	00}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONST NG <b>01, 02, 0</b>			PLETED
		150173	B. WING _			1	R 03/2015
NAME OF PROVIDER OR SUPPLIER  INDIANA UNIVERSITY HEALTH ARNETT HOSPITAL				5165 MC	ADDRESS, CITY, STATE, ZIP CODE CCARTY LN ETTE, IN 47905	1 02/	00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	and has a fire alarm in the corridor. Build during regular busine Quality Review by Lespecialist-Medical Sta Post Survey Revist Code Validation Surv 15, 16/14 was condu Department of Health 482.41(b).  Survey Date: 02/03/1  Facility Number: 011 Provider Number: 18 AIM Number: 20092  Surveyor: Dennis Auspecialist,  Indiana University Hestomprised of the mai (Building 01), the am Lafayette, IN (Building Lafayette, IN (Building Lafayette, IN (Building Lafayette, IN (Building 1) at this PSR survey, Ecompliance with Require Medicare/Medicaid, 4 Life Safety from Fire National Fire Protecti Life Safety Code (LS Occupancies; Building compliance with Require Medicance with Require Safety Code (LS Occupancies; Building compliance with Require Medicance with Require Safety Code (LS Occupancies; Building compliance with Require Medicance with Require Safety Code (LS Occupancies; Building compliance with Require Safety Code (LS Occupancies)	I in a one story fully of Type II (000) construction system with smoke detection ing 04 provides services ss hours.  IX Brashear, Life Safety Code streep on 02/05/15. IX (PSR) to the Life Safety ey conducted from 10/14, cted by the Indiana State of in accordance with 42 CFR  IX Safety Code  IX Safety	{K 0	00}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02, 03, 04			(X3) DATE SURVEY COMPLETED		
		150173	B. WING				R <b>03/2015</b>	
NAME OF PROVIDER OR SUPPLIER  INDIANA UNIVERSITY HEALTH ARNETT HOSPITAL				516	REET ADDRESS, CITY, STATE, ZIP CODE 55 MCCARTY LN IFAYETTE, IN 47905	1 02/	03/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
{K 000}	National Fire Protecti Life Safety Code (LSC Ambulatory Health Co 03 was found in comp for Participation in Me Subpart 482.41(b), Li 2000 Edition of the N Association (NFPA) 1 Chapter 38, New Bus Building 04 was found Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire N National Fire Protecti Life Safety Code (LSC Business Occupancie Building 01 is a seven building of Type I (33 fire alarm system with corridors, patient roon corridors. Building 02 Building 01 has a cap census of 162 at the Indiana University He to utilize the Categori pertaining to multiple egress equipped with floors 3 and 4.  Building 02 is a one s of Type II (000) const system with smoke d spaces open to the co	and the 2000 Edition of the on Association (NFPA) 101, C) Chapter 20, New are Occupancies; Building oliance with Requirements edicare/Medicaid, 42 CFR fe Safety from Fire and the ational Fire Protection 01, Life Safety Code (LSC) siness Occupancies; and d in compliance with ticipation in 22 CFR Subpart 482.41(b), and the 2000 Edition of the on Association (NFPA) 101, C) Chapter 38, New es;  In story fully sprinklered 2) construction and has a namoke detection in the ms and spaces open to the provides overnight care. Stacity of 191 beds and had a time of this survey.  I salth Arnett Hospital elected cal Life Safety Code waiver doors in the same means of a delayed egress devices on story fully sprinklered building ruction and has a fire alarm etection in the corridors and	{K 0	000}				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			IPLE CONSTRUCTION IG <b>01, 02, 03, 04</b>	(X3	(X3) DATE SURVEY COMPLETED		
		150173	B. WING _			R <b>02/03/2015</b>	
	ROVIDER OR SUPPLIER  JNIVERSITY HEALTH AR	RNETT HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 5165 MCCARTY LN LAFAYETTE, IN 47905	<b>.</b>	02/00/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
{K 000}	Building 03 is located story fully sprinklered construction and has smoke detection in the provides services dur Building 04 is located sprinklered building of and has a fire alarm in the corridor. Building during regular busine Quality Review by Le Specialist-Medical Su A Post Survey Revis Code Validation Surv 15, 16/14 was conduct Department of Health 482.41(b).  Survey Date: 02/03/1  Facility Number: 011  Provider Number: 15  AIM Number: 200926  Surveyor: Dennis Au Specialist,  Indiana University He comprised of the mai (Building 01), the ami Lafayette, IN (Building Lafayette, IN (Building In Lafayette, I	on the first floor of a two building of Type II (111) a fire alarm system with e corridor. Building 03 ing overnight hours.  in a one story fully f Type II (000) construction system with smoke detection ng 04 provides services ss hours.  x Brashear, Life Safety Code provides of the Life Safety ey conducted from 10/14, ceted by the Indiana State of in accordance with 42 CFR  5 506 60173 4720A still, Life Safety Code cetalth Arnett Hospital is in hospital in Lafayette, IN coulatory surgery center in g 02), the Sleep Center in g 03) and the Cancer Center	{K 00	00}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	) MULTIPLE CONSTRUCTION BUILDING <b>01, 02, 03, 04</b>			(X3) DATE SURVEY COMPLETED	
		150173	B. WING _			1	R 03/2015	
NAME OF PROVIDER OR SUPPLIER  INDIANA UNIVERSITY HEALTH ARNETT HOSPITAL				5165 MC	ADDRESS, CITY, STATE, ZIP CODE CCARTY LN ETTE, IN 47905	1 02/	00/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
{K 000}	National Fire Protecti Life Safety Code (LSO Occupancies; Buildin compliance with Requ Medicare/Medicaid, 4 Life Safety from Fire National Fire Protecti Life Safety Code (LSO Ambulatory Health Co 03 was found in comp for Participation in Me Subpart 482.41(b), Li 2000 Edition of the N Association (NFPA) 1 Chapter 38, New Bus Building 04 was found Requirements for Part Medicare/Medicaid, 4 Life Safety from Fire National Fire Protecti Life Safety Code (LSO Business Occupancies Building 01 is a seven building of Type I (33 fire alarm system with corridors, patient roor corridors. Building 07 Building 01 has a cap census of 162 at the Indiana University He to utilize the Categori pertaining to multiple egress equipped with floors 3 and 4.	and the 2000 Edition of the on Association (NFPA) 101, C) Chapter 18, New Health g 02 was found in uirements for Participation in 2 CFR Subpart 482.41(b), and the 2000 Edition of the on Association (NFPA) 101, C) Chapter 20, New are Occupancies; Building bliance with Requirements edicare/Medicaid, 42 CFR fe Safety from Fire and the ational Fire Protection 01, Life Safety Code (LSC) siness Occupancies; and d in compliance with ticipation in 2 CFR Subpart 482.41(b), and the 2000 Edition of the on Association (NFPA) 101, C) Chapter 38, New es;	{K 0	00}				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION LDING <b>01, 02, 03, 04</b>			(X3) DATE SURVEY COMPLETED	
		150173	B. WING _				R 03/2015	
NAME OF PROVIDER OR SUPPLIER  INDIANA UNIVERSITY HEALTH ARNETT HOSPITAL				STREET ADDRESS, CITY 5165 MCCARTY LN LAFAYETTE, IN 4790		1 021	00/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH COR	ER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD B ERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
{K 000}	system with smoke dispaces open to the corrovides ambulatory overnight stays.  Building 03 is located story fully sprinklered construction and has smoke detection in the provides services during the corridor. Building 04 is located sprinklered building of and has a fire alarm in the corridor. Building regular busined Quality Review by Les Specialist-Medical Star A Post Survey Revist Code Validation Surve 15, 16/14 was conducted Department of Health 482.41(b).  Survey Date: 02/03/11 Facility Number: 011 Provider Number: 15 AIM Number: 20092 Surveyor: Dennis Auspecialist, Indiana University Hes comprised of the mai (Building 01), the am (Building 01), th	truction and has a fire alarm etection in the corridors and orridors. Building 02 surgical services with no  If on the first floor of a two I building of Type II (111) a fire alarm system with the corridor. Building 03 ring overnight hours.  If in a one story fully of Type II (000) construction system with smoke detection ing 04 provides services the sess hours.  Ex Brashear, Life Safety Code curveyor on 02/05/15. It (PSR) to the Life Safety rey conducted from 10/14, cted by the Indiana State in in accordance with 42 CFR  5  506 50173	{K 0	00}				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		I ` ′	TIPLE CONSTRUCTION NG <b>01, 02, 03, 04</b>	(X3) DATE SURVEY COMPLETED		
		150173	B. WING			R <b>02/03/2015</b>
	ROVIDER OR SUPPLIER  JNIVERSITY HEALTH A	RNETT HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP COD 5165 MCCARTY LN LAFAYETTE, IN 47905	•	02/03/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
{K 000}	in Lafayette, IN (Buill At this PSR survey, compliance with Recompliance with Recompliance with Recompliance with Recompliance Protect Life Safety Code (LS Occupancies; Building compliance with Recompliance Wit	Building 01 was found in quirements for Participation in 42 CFR Subpart 482.41(b), and the 2000 Edition of the tion Association (NFPA) 101, 6C) Chapter 18, New Healthing 02 was found in quirements for Participation in 42 CFR Subpart 482.41(b), and the 2000 Edition of the tion Association (NFPA) 101, 6C) Chapter 20, New Care Occupancies; Building apliance with Requirements dedicare/Medicaid, 42 CFR Life Safety from Fire and the National Fire Protection 101, Life Safety Code (LSC) siness Occupancies; and ind in compliance with articipation in 42 CFR Subpart 482.41(b), and the 2000 Edition of the tion Association (NFPA) 101, 6C) Chapter 38, New des;	{K 0	00}		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1 ' '	TIPLE CONSTRUCTION DING 01, 02, 03, 04			(X3) DATE SURVEY COMPLETED	
		150173	B. WING			R 02/03/2015		
NAME OF PROVIDER OR SUPPLIER  INDIANA UNIVERSITY HEALTH ARNETT HOSPITAL			5	5165	EET ADDRESS, CITY, STATE, ZIP CODE  MCCARTY LN  AYETTE, IN 47905	02/	03/2015	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
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